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GUERSANT ON SURGICAL DISEASES OF INFANTS, Etc. 16 PAGES.

### CLINICS.

#### CLINICAL LECTURES.

*Clinical Lecture on Leucorrhœa.* By LOMB ATTHILL, M.D., Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

GENTLEMEN: To-day I propose to call your attention to the subject of leucorrhœa, a word which literally means a white discharge, and for which the popular synonym is "the whites;" it is a symptom met with in connection with affections widely differing the one from the other, while the discharge itself varies greatly in colour, in consistence, and even in chemical properties. It is essential that you should bear in mind that though, as I have stated, leucorrhœa means a white discharge, the term is to be understood

in a relative sense as opposed to a red sanguineous one, and that it includes all non-hemorrhagic vaginal discharges; thus very frequently it is of a light cream colour, sometimes of a yellow, or again of a greenish tinge; it may be inodorous or fetid, but nevertheless the patient is sure to tell you that she has The Whites. In its natural healthy condition the vagina while moist should not secrete any appreciable discharge, but hardly any departure from a perfectly healthy state of either vagina or uterus ever takes place, without leucorrhœa in some of its forms being present. You cannot have failed to remark, gentlemen, the extreme frequency of this symptom among the patients who have presented themselves here, and yet you have seen that the affections from which they suffered were very various. But before reminding you

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of the different abnormal conditions on which, as I have from time to time pointed out, these discharges depend, I must briefly enumerate the main characteristics which they present and the sources from which they proceed. As already mentioned, the term leucorrhœa includes a great variety of non-hemorrhagic discharges. It very commonly presents itself as a profuse mucous discharge, inodorous, and light in colour; or again as a thick creamy fluid coating the whole surface of the vagina and flowing into the speculum as you introduce it; then you have seen it so evidently purulent that, as I pointed out, it was impossible to say whether it was the result of gonorrhœal infection or not; in others it assumed a curdled appearance, or lastly was seen as a thick tenacious glairy secretion, issuing from and filling up the os uteri. Now it is quite evident that these various forms of leucorrhœa must not only depend on different causes, but also must be secreted by different parts of the genital canal. Accordingly we find vaginal leucorrhœa, cervical leucorrhœa, and uterine leucorrhœa, to exist as three distinct affections. The discharge, when proceeding from the vagina, is generally a light-coloured creamy-looking fluid unless acute vaginitis be present, when it becomes almost purulent; it often is secreted from the whole surface of the vagina, but in some cases, especially in children, it seems to proceed mainly from the vulvo-vaginal glands. Again, in some forms of ulceration of the os uteri the discharge is profuse and semi-purulent. That poured out by the cervical glands is very different in character; the glands situated in this part of the uterus are very numerous, and when inflamed secrete a copious tenacious albuminous fluid, closely resembling in appearance the white of egg; this discharge is so remarkable and so pathognomonic of disease of the cervical canal as to be unmistakable. Lastly, you may have leucorrhœa proceeding from the interior of the cavity of the uterus itself. The occurrence of this form of leucorrhœa is less easily recognizable than that of the others, but of its existence as a special affection I entertain no doubt; it is seldom

that any discharge other than the glairy mucus secreted by the cervical glands is seen to issue from the interior of the uterus, but there is ample evidence to show that a copious discharge is under certain circumstances poured out from the mucous membrane lining the body of the uterus. This membrane performs a very important function—namely, that of secreting the menstrual discharge; it becomes at each catamenial period congested and thickened, and this great and frequently recurring change in its condition predisposes to the occurrence of disease, in addition to which there is also to be taken into consideration the vast alterations which occur in it during pregnancy and subsequent to delivery or abortion. As a matter of fact we find that the approach of menstruation is in most women ushered in by the appearance of a white mucous discharge, which there can be but little doubt is mainly secreted by this membrane, therefore that a similar discharge should present itself when it is the seat of disease is to be expected. In physical characters the discharge issuing from this source is often not to be distinguished from that secreted in the vagina, but while the latter has an acid the uterine discharge has an alkaline reaction, and it is the mingling together of these two fluids of opposite reactions which gives origin to the curdled appearance sometimes seen in the vagina.

The causes of leucorrhœa may be either constitutional or local. Anything which debilitates the constitution is liable to be accompanied by the appearance of a white discharge; thus it is seldom absent when lactation has been unduly prolonged, or again if a woman be debilitated by profuse menorrhagia she is nearly certain to be further weakened by the occurrence of leucorrhœa in the intervals between the menstrual periods. Again, it is met with in delicate girls, especially those of a leucophlegmatic temperament, in whom there exists a tendency to phthisis, and not infrequently in them it is the precursor if not the cause of the lung disease. Dr. Bennett, who for several years was engaged in practice at Mentone, a favourite resort as you are aware for consumptives,

remarked that great improvement frequently took place in the condition of many patients threatened with phthisis, in whom leucorrhœa existed, on that discharge being checked by appropriate treatment, a remark capable of easy explanation if we bear in mind how exhausting must be the effect of a profuse discharge so rich in albumen as is leucorrhœa. In cases which come under either of the heads I have alluded to—namely, debility arising from over-lactation or from the effects of a weakly stimulous constitution, our treatment must be twofold—namely, first endeavour to check the debilitating discharge and then to invigorate the constitution and improve the general health. With the view of effecting the former you will order the use of astringent vaginal injections, those of alum or sulphate of zinc being the best, from two to four drachms of either salt being dissolved in a pint of tepid water. This quantity should be injected twice a day into the vagina by means of an ordinary siphon syringe, and at the same time you should by change of air when possible, by the adoption of a generous diet, and by the judicious administration of tonics, of which the preparations of iron are especially appropriate, endeavour to improve the patient's general health; but other cases of leucorrhœa are met with less amenable to treatment than these—namely, those which depend on the existence of visceral disease, such as that of the liver. Cases in which special treatment can do no good and therefore is to be avoided.

It would be tedious and unprofitable for me to enumerate all the constitutional causes which predispose to the occurrence of leucorrhœa. I may briefly sum up this part of the subject by saying that any disease which debilitates and enfeebles the health is likely to be sooner or later accompanied by leucorrhœa; but in addition to the numerous cases depending on disease of other organs or of the system at large, we meet with leucorrhœa as a symptom of local disease, and of none more frequently than that of inflammation of the vagina itself, or vaginitis as it is termed. You have seen over and

over again examples of this. The mucous membrane lining the vagina, in common with that of all other parts of the body, is liable to inflammation of both an acute and chronic character; the latter however is much the most common. We have recently had under treatment two well-marked instances of acute vaginitis, one in a young woman, J. McComack. She stated that she had been married for four years, but had never been pregnant. She complained of burning pain in the vagina, of pain in the back, and of scalding on making water. On examining her, the entire length of the vagina was seen to be of a bright scarlet colour and very tender to the touch; the introduction of a small speculum, and even of the finger, giving great pain. The mucous membrane covering the os uteri was bright pink, the cervix itself being evidently congested. As the speculum was being introduced we saw a copious purulent discharge of a greenish-yellow colour to pour out from its sides. Now these cases of acute vaginitis are rare, and I always look on them with suspicion, accordingly I questioned this patient closely as to the possibility of her having contracted gonorrhœa; she said it was impossible; but be the cause what it may, we had here to deal with a case of acute inflammation of the mucous membrane of the vagina, and I treated it as I would similar inflammation occurring in any other part of the body. If an oculist meets with a case of acute purulent ophthalmia, he endeavours in the first instance to arrest the progress of the inflammation by local bloodletting; I advocate the same practice in acute vaginitis. You may remember that in this case I punctured the cervix freely and encouraged the bleeding and ordered her saline purgatives, but I did not in the first instance make any application to the vagina. Caustics or astringents used at this stage would only have done harm. In the case I am referring to I punctured the cervix at intervals of a few days, and on each occasion abstracted a good deal of blood, and when the acuteness of the inflammation had subsided applied to the vagina a solution of nitrate of silver five grains to the ounce, and subsequently a stronger one.

At the end of two months this young woman returned, having in the interval become pregnant. Now, had this woman been in hospital instead of attending as an out-patient, I should, in addition to the local abstraction of blood by puncturing or by leeches and the exhibition of purgatives, have prescribed warm hip-baths and directed the vagina to be syringed with infusion of tobacco leaves at least twice daily, which would not only have expedited the cure but also have alleviated the woman's sufferings. And these are the means I recommend you to adopt in your future practice; but, as I have already said, cases of acute vaginitis are of infrequent occurrence. This case afforded a good example of the difficulty of deciding between simple acute inflammation of the vagina and that depending on gonorrhoeal infection. I must avow that I know of no means of distinguishing between them, but though acute vaginitis is not very often seen, subacute inflammation of the vagina accompanied by leucorrhœa is common enough and is the cause of much suffering; the burning pain in the vagina, the frequent desire to micturate, and the scalding on micturating, though not so severe as in cases such as the one I have just detailed, are constant and most distressing. The causes of these attacks are various; you meet them sometimes in young healthy women who generally attribute them to cold, but they are seen more frequently in married women in whom, in addition to the causes named, I am inclined sometimes to attribute their occurrence to the effects of too frequent sexual intercourse and of intercourse occurring too soon after a menstrual period or before the vagina has regained its normal condition after delivery. There is one form of subacute vaginitis which gives rise to very distressing symptoms; in it we see aphthous-looking patches on various parts of the vagina. I have invariably remarked that this condition of the vagina is accompanied by most distressing pruritus, not that pruritus does not occur in cases of vaginitis in which these aphthæ do not exist, for on the contrary pruritus is a very common accompaniment of subacute vaginitis, but it is most

marked and nearly if not always present in conjunction with them; and here let me impress on you the uselessness of attempting to treat itching about the vulva without first ascertaining what the condition of the vagina and uterus may be, for you will seldom fail to discover either that inflammation of the mucous membrane exists or that the uterus is congested or ulcerated, and till these be cured all your efforts to relieve permanently the pruritus will fail. If vaginitis alone exist you will with the view of attaining this object, and at the same time of checking the pruritus which it causes, use in the first instance soothing applications and then astringent ones; of the former, none can compare with infusion of tobacco. It should be made by infusing two drachms of the unmanufactured leaf in a pint of boiling water. I have never seen the least unpleasant results follow its use, while the relief it affords has often been marked. Another mode of treatment of the greatest value is the application of glycerine; a roll of cotton-wool with a strong thread attached to facilitate removal and saturated with glycerine should be passed into the vagina through a speculum and allowed to remain there for twenty-four hours; this produces a copious watery discharge, which is often followed by very satisfactory results. Syringing the vagina with a solution of borax dissolved in tepid water, or an infusion of tobacco, is in such cases of great use; it should be used of the strength of about three drachms to the pint, and injected by means of one of the continuous siphon syringes manufactured by Maw and Co., on the principle originally suggested by Dr. Every Kennedy. These syringes can be obtained at a moderate price of all chemists. The itching in these cases is sometimes almost intolerable. To relieve this most distressing symptom, I am in the habit of recommending the patient, after she has sponged herself with warm water, to lay inside the labia a piece of lint soaked in a lotion composed of carbolic acid ten grains, acetate of morphia eight grains, dilute hydrocyanic acid two drachms, glycerine four drachms, and water to four ounces.

Sometimes, when the vagina is excessively tender, medicated pessaries containing acetate of lead or tannin do good, but I do not think they can be relied on. You will generally find that this form of vaginitis is associated with a weakly state of the constitution, and that you are called on to administer tonics, and of these the mineral acids seem especially useful; but it does not follow because you cure the vaginitis that the leucorrhœa will disappear. Sometimes it continues when all symptoms of inflammation have subsided, and then you can use freely and with great advantage as injections, solutions of alum three drachms, or of sulphate of zinc two drachms to the pint; but often all our efforts fail to check entirely the discharge, and it becomes chronic or disappears only after a long interval. Before leaving the subject of vaginitis, let me caution you against pronouncing every little blush of redness which may be seen on the vagina to be inflammatory, or of attributing all the symptoms the patient may complain of to that affection. The leucorrhœal discharges of which I have hitherto been speaking are secreted from the various glands which surround the orifice of the vagina, and from the vaginal mucous membrane itself. A profuse semi-purulent discharge, which must be included under the term leucorrhœa, is secreted from the lips of the os uteri in a peculiar form of ulceration of that part of the womb to which I will in a subsequent lecture draw your attention, and of which you saw an excellent example in the case of Mrs. H—, recently discharged from hospital.

In nearly every case of leucorrhœa the discharge is much more profuse immediately after the menstrual period has terminated, and occasionally it seems to take the place of the latter which is then suppressed; in these cases the leucorrhœa is profuse at the date when menstruation ought to occur, and lessens considerably or nearly disappears for a time corresponding to the interval between the ordinary periods. This is likely to occur when the patient is debilitated by prolonged lactation, or by the existence of some constitutional disease. A white dis-

charge, accompanied occasionally by a good deal of vascularity and irritation of the orifice of the vagina, is also not unfrequently met with in unhealthy strumous children; this has sometimes given rise to the suspicion that the child had been injured by an attempt at sexual intercourse, and you must exercise great caution in such cases, in giving an opinion; but unless strong confirmatory evidence exists, showing that an attempt at penetration has been made, I would have you slow in encouraging the idea. You may have recently seen an example of such a case in the children's ward; the little patient was but six years old. Cleanliness and a nutritious diet, with the exhibition of iron, speedily improved her condition; I also passed a camel's-hair pencil saturated in a solution of nitrate of silver up the vagina every four days, and she was soon quite well. You must also bear in mind that irritation about the vulva may be kept up in children by the presence of worms in the rectum.

Hitherto I have spoken only with reference to discharges of purely vaginal origin; we have besides, however, not only cervical but uterine leucorrhœa. You are all aware of the appearance which cervical leucorrhœa presents, I have called your attention to it so frequently. In its healthy condition the cervix uteri secretes a transparent viscid fluid in such small quantities as not in general to attract any attention or be observed when the speculum is introduced; but when the cervical canal becomes the seat of inflammation this secretion becomes not only much more profuse but thick and tenacious, blocking up the os uteri, and hanging out of it as a thick rope of viscid mucus which it is almost impossible to wipe away. Cervical leucorrhœa, or, as it is sometimes called, "cervical catarrh," is an effectual bar to pregnancy, in this contrasting with the other forms of leucorrhœa which do not necessarily cause sterility. The condition of the cervix giving origin to cervical leucorrhœa is one very difficult to cure; to do so you must treat the whole extent of the cervical canal, and this can seldom be accomplished without dilating it to an extent sufficient to enable you to



apply to its whole length a strong caustic such as the fuming nitric acid, to which I give the preference above all others; the application of solution of nitrate of silver and even of the solid nitrate itself will seldom be sufficient. If the case be not of very old standing the introduction of solid zinc points, as suggested by Dr. Braxton Hicks, often does good. You have seen me apply them several times with success; they cause a good deal of local irritation and give some pain, but this soon passes off.

I have already stated that leucorrhœa may proceed from the interior of the body of the uterus, the diagnosis of this form is less easily made than that of the others. It is generally accompanied by a greater or less amount of pain, which is not necessarily present in either of the other forms; the reason of this is easily understood, for uterine leucorrhœa is, I believe, nearly always the result of congestion of the lining membrane of the womb. When leucorrhœa is vicarious with, or, as already stated, takes the place of the regular menstrual discharge, it is probably from the interior of the uterus that it proceeds. Perhaps the present is the most suitable time I shall find for alluding to a practice, unfortunately of not very rare occurrence, which, while it destroys the health of the body if persisted in, impairs in no less a degree the powers of mind, and which is nearly always accompanied by leucorrhœa; I allude to masturbation. I do not believe all I have heard as to its great frequency, but that it is practised by many females is too true. In some I have no doubt it has been the result of uterine disease, the habit having been contracted accidentally, in the first instance, in the efforts to procure alleviation from the irritation which so often exists about the orifice of the vagina; but be the cause what it may, it is soon accompanied by vaginitis and endo-cervicitis, manifested by the presence of the well-known glairy cervical discharge. But beware of charging a patient with being addicted to this degrading habit because suspicious symptoms present themselves; the dilated pupil, the downcast look, the uncontrollable excitement

which a vaginal examination causes generally, tell the tale—added to this, there is often a severe lancinating pain complained of, immediately over the pubes, and in several cases I have noticed that vomiting at night has been a prominent symptom. These distressing cases can be cured by moral means alone; local treatment is useless and generally injurious, for it attracts the patient's attention to the genital organs, the very thing we should be most anxious to avoid. I cannot find words sufficiently strong to condemn as I would the barbarous practice of mutilating the patient by the removal of the clitoris. This operation is as useless as it is disgusting, for there is no truth in the idea that in the clitoris alone is seated the nervous expansion which subserves the sexual orgasm.—*Dublin Medical Press*, June 21, 1871.

#### HOSPITAL NOTES AND GLEANINGS.

*Brief Memoranda on Treatment. Charité Hospital, Berlin.* (Communicated by Dr. SPENCER FERRIS.)

*Ileo-typhus.*—Traube distinguishes two stages in this disease. The first, which lasts about fourteen days, is characterized by swelling and ulceration of Peyer's patches. The second, which immediately follows, is marked by the process of sloughing; it is indicated by a morning temperature of normal, or less than normal, height, and a very high evening temperature. In the first stage the treatment consists of aqua gummosa and milk and soup diet. In the second stage excitants and stimulants are given; Rhine wine is the stimulant always used—never brandy. When the temperature rises to 40° C. (104° F.), Celsius's ice-bag is placed to the head. The mortality from this disease is not more than 3 or 4 per cent. Dr. Vreuzler states that out of the last 123 cases not more than 4 deaths have occurred. This appears to indicate that at Berlin the disease is of a mild character. In the same affection Frerichs gives no alcohol, and not always wine, but as much beef-tea, eggs, and milk as the patient can take, with nitric and muriatic acids. In hemorrhage from the bowels

he gives a quarter of a grain of acetate of lead, or a dose of tannin or sesquichloride of iron, with the addition of an ice-bag. Frerichs has also treated a few cases both of typhus and typhoid by baths and wrapping the body in cold cloths.

*Acute Rheumatism.*—Traube says that in persons under twenty-five, endocarditis, pericarditis, or some form of heart disease, almost always takes place; between twenty-five and thirty cardiac complication is not unfrequent, but that in those over thirty it is very rare. It may become developed, he says, whether the patient be in hospital or not. This is contrary to the experience of Dr. Gull, who says, in one of the "Guy's Hospital Reports," that if it is not established before the patient's admission, it does not come after. Traube envelops the limbs in flannel, never in cotton-wool; in light cases his treatment is entirely expectant. When limbs are much swollen, large blisters are used; in severe cases, where there is not much swelling, antiphlogistic remedies are employed. Frerichs gives half a drachm of iodide of potassium in the day, and when there is bad pericarditis or pleurisy he lays the ice-bag over the chest, as he says it eases the pain. He also gives infusion of digitalis. The ice-bag is especially resorted to when, with endocarditis, there is great excitation of the heart's action.

*Pleuro-pneumonia.*—Traube gives citric acid and aqua gummosa, warm applications, and in very bad cases takes blood from the arm. He finds that wine is very badly borne, and never gives it. His mortality is very small.

*Peritonitis.*—Traube rubs in a scruple of mercury ointment daily, till the mouth is affected, gives no opium, and allows the bowels to act when they will. He occasionally employs warm applications and leeches. He pursues the same treatment for puerperal peritonitis, in which his mortality is not more than twenty-five per cent. He distinguishes two kinds of puerperal fever, the "peritonisch" and the "phlebitisch"; the former he treats by innunction, as above, and the latter by quinia and tonics.

*A Case of Nvus.*—The bowels had not

been open for nine days, and the patient experienced great pain in the bowels, and could not lie still. Traube gave him ice to suck constantly, and he had as much ice-water as possible injected up the bowel. But these measures had no effect, and in three days an artificial anus was made in the right inguinal region. Three days after the patient was going on well.

*A Case of Trichiniasis.*—The first symptom was oedema of the eyelids and face, then pains in all the muscles and joints, followed by stiffness of all the joints, and then came contraction of the joints and a flabby swelling of the muscles, with high fever and high temperature. The treatment consisted in friction of the limbs with bay salt. Patients generally remain in the hospital six or eight weeks for this disease. As the malady recedes, the muscles often shrink and waste. Traube finds it of little use to cut out a piece of the muscle and put it under the microscope by way of aiding the diagnosis; for it is seldom that trichinae are found in such a piece, although the body after death may be found to be full of trichinae. Other reasons against the proceeding are, that the wounds made in people with this disease heal very badly, and if the patient does not regain full use of the limb the unfavourable result will be ascribed to the puncture.—*Lancet*, July 8, 1871.

*Two Cases illustrating the Diagnosis between Apparent and Real Intracranial Disease.*—Under the care of Dr. JOHN W. OGLE of St. George's Hospital.

CASE 1.—W. W., aged twenty-four, had been many years in India, and had had rheumatic fever three times. He had been in the habit of taking a great deal of stimulant. He had been much subject to headache and vertigo, and had had three "fits," preceded by headache. He had also been subject to severe pain at the epigastrium, and very frequently had had vomiting of food. For a month before admission he had vomited everything, he said, except brandy and soda-water. For some days after he came to the hospital he could only walk in a staggering manner, but otherwise there was no detectable alteration in muscular power, and

this appeared to arise from giddiness. This sensibility of the skin was everywhere entire. The special senses were intact, excepting that the sight was defective; and he stated that, *though he had never been obliged to wear spectacles, he had been couched in both eyes many years before*. The tongue was very red, and there was excessive constipation; but it was soon found that when the bowels were kept open by calomel and enemata, the headache and vomiting to a great degree ceased. The urine was free from albumen and sugar. The pulse and the temperature of the body were natural. Cold lotions applied to the head, with, on one occasion, a blister and aperients, assisted in removing the headache and the disordered locomotor power. The appetite improved under the use of calumba and mineral acids, and the patient in a few weeks recovered so far as to go out in a comfortable state, free from sickness, headache, or vertigo, which symptoms, though at first assignable to some positive cerebral lesion, appeared to have been merely the result of dyspepsia and constipation.

CASE 2.—The patient, a labourer, aged fifty-eight, had been quite well until ten days before admission, when he lost his sight, he said, and was greatly troubled with vertigo. There had been no injury, no syphilis (according to his statement), no conclusive or paralytic symptoms, and no vomiting. On admission the sight was very defective, and there was great headache and *soreness of the scalp*. The pupils were contracted, the right one more so than the left; both acted sluggishly to light. The urine was found free from albumen and sugar, and the bowels were regular. No loss of power was noticeable in the muscles of the face, palate, or limbs. The voice and the swallowing power were natural. After admission he exhibited a great tendency to drowsiness, but in the course of three or four weeks this symptom, as well as others, have greatly diminished. The pupils are more dilated and natural. Examination by Mr. Carter with the ophthalmoscope showed atrophy of the optic nerve of both eyes, and depression of the surfaces of the

optic disks, the result of atrophy. The patient is still in hospital.

The treatment has consisted of calomel and jalap purges, counter-irritation to the neck, and, latterly, of bromide and iodide of potassium, the latter being increased. Dr. Ogle suspects syphilitic intracranial deposit, or some other organic change within the skull.—*Lancet*, June 24, 1871.

*Purpura Hamorrhagica, with Melana, Hamatemesis, Epistaxis, and Hamaturia, following a Blow on the Cheek.*—In the following case no family history of the hemorrhagic diathesis was obtained; but judging by the previous history of the patient—that he had bled freely from slight wounds on previous occasions—the case may be regarded in this light. The occurrence of the blow was probably little more than a coincidence.

Fred. A., six years of age, a very intelligent fair-haired child, with legs much bent from rickets, was admitted into St. George's Hospital under Dr. Fuller, on June 1st. It was stated that, while at play on May 29th, he struck his right cheek severely against a beam. The part became bruised and swollen; and, two days later, the eyelids of the right eye changed to a deep purple colour; the eye was noticed to be bloodshot; and numerous purple blotches appeared all over the body. The nose bled profusely. His mother had noticed on previous occasions that he bled very freely from slight wounds. There had been no deficiency of vegetables in his diet. On admission there were a bruise on the right malar prominence; a very extensive black eye and a patch of hemorrhage in the right conjunctiva; and numerous blotches of purpura, of various sizes, scattered over the face, trunk, and extremities. There was much epistaxis. Blood was vomited, was passed by the bowel, and was present in large quantity in the urine. He was at once ordered ten minims of tincture of digitalis in water every four hours; and good diet with greens, lemons, and watercress. The bleedings continued on the following day, and he became blanched and exhausted; but by the 3d instant



there was marked improvement, the urine being of normal colour, with a mere trace only of albumen. The digitalis was now reduced to five minims in quinia draught. By the 6th, the general bleedings had entirely stopped; the purpuric spots had nearly quite faded; and now (June 13th) he is convalescent, and mere traces of the former blotches remain.—*Brit. Med. Journal*, June 17, 1871.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*The Treatment of Varicocele.*—Dr. J. H. TYNDALL, House Surgeon, German Hospital, New York, in an article in the *Medical Record*, July 15, 1871, discusses the operations for varicocele, and makes the following deductions:—

First. The operations for the obliteration of the spermatic vessels afford but very temporary relief. In the few successful cases on record of subcutaneous ligature, the history of the case would doubtless show that only one vein was involved; hence the cure.

Second. Of the methods now in vogue, those attempting a support of the parts affected are alone admissible.

Third. The cause of varicocele being ascribable not to the veins of the scrotum, but to the pressure upon the spermatic plexus, the absence of a valve, and the emptying of several vessels into the epigastric vein at the internal abdominal ring, the indication is to apply the support in the neighbourhood of, or immediately at, the external abdominal ring.

Fourth. Any method of support (as by Evans' truss) at or near the external ring, aided perhaps by proper support of the scrotum and contents, is the only rational treatment for varicocele.

*Carbolic Acid for Venereal Vegetations (Cauliflower).*—Dr. EUGENE BRISSE finds (*Medical Record*, July 15, 1871) that pure liquid carbolic acid acts in these cases efficiently and with little or no pain. When applied, it seems quickly to penetrate through the entire substance of the vegetation, which shrinks in size and be-

comes white. After one or more applications the vegetations fall off, leaving no ulcer remaining.

Some of its principal advantages are: I. The acid may be applied in a liquid state by means of a camel's-hair brush; II. It does not appear to have any tendency to spread beyond the point of application; III. It causes no perceptible inflammation of the surrounding tissues if carefully applied; IV. It causes very little pain; and finally, V. It seems to be effectual; the vegetations disappearing, and, as far as my observation has extended, not reappearing.

The number of applications necessary varies, of course, with the size of the vegetations. I have never used it in those of large size, preferring to treat such by abscission, followed by the actual cautery.

*Lacto-Phosphate of Lime.*—Prof. B. W. MCCREADY states (*New York Medical Journal*, June, 1871) that he has found the lacto-phosphate of lime useful—1. In cases of defective nutrition, with or without diarrhoea, but without any acute disease of the alimentary canal, particularly when these conditions have occurred in prematurely weaned children.

2. In rachitis.

3. In atonic dyspepsia. In most of these cases, not only were the digestive power and nutrition of the patient greatly improved, but the appetite for food was augmented, sometimes to an extraordinary degree. Dr. William A. Hammond has found it of very great value in cases of nervous derangement, attended with impaired nutrition; and Dr. Barstow, of Sanford Hall, has used it largely in similar cases. It is very probable that the free lactic acid may, in many instances, contribute greatly to the efficiency of the preparation.

In a series of articles in the *Archives Générales de Médecine*, for Dec. 1867, and for Jan. and Feb. 1870, Dr. L. Dusart reviews the whole subject, and states that in four cases of tardy union of bone observed in the Hôpital Beaujon, the administration of the lacto-phosphate was attended with marked improvement of the fractured part; in three of the patients,

the appetite was at the same time greatly increased.

In a number of cases of rachitis, the influence of the lacto-phosphate was well marked, the children rapidly improving under its administration, the appetite at the same time being greatly increased.

Several cases of diarrhoea and indigestion, after resisting other treatment, quickly yielded to the influence of the lacto-phosphate.

Mr. Wm. Neergaard, of New York, prepared at the request of Dr. McCready a syrup of the lacto-phosphate of lime, and gives (*American Journal of Pharmacy*, June, 1871) the following formula for it: R. concentrated lactic acid,  $\text{ssj}$ ; magma of freshly precipitated phosphate of lime, q. s.; Aque fl. aurant.,  $\text{ssiss}$ ; aque puræ, q. s. ad  $\text{ssjvii}$ ; sacchari albi,  $\text{ssxj}$ . Mix the lactic acid with 2 fluidounces of water, and saturate it with the magma. Put the liquid upon a filter, and add the rest of the water until 8 fluidounces of filtrate are obtained. Pour this upon the sugar, contained in a bottle; shake occasionally until solution is effected, and strain. No heat ought to be applied, else the syrup assumes a milky appearance.

The syrup thus prepared contains between 2 and 3 grains of dry phosphate of lime in each  $\text{ss}$ , besides the lactic acid.

The dose for a young child is one to two drachms three or four times a day, while an adult may take a tablespoonful as frequently. The taste is pleasantly acid, and the syrup is not apt to disagree even with delicate stomachs.

*Disinfecting Solution.*—Dr. FRANK WELLS, of Cleveland, Ohio, states (*Bost. Med. and Surg. Journ.*, May 25, 1871) that in the obstetric wards of the University of Vienna, all those who have examined any patient with a doubtful vaginal discharge wash their hands immediately afterwards in a solution composed of R. Potass. hypermang.  $\text{Jss}$ ; aque destillat.  $\text{Mij}$ ; M.; and to remove the stains of potash in a solution of R. Acidi muriatici.  $\text{ssvj}$ ; aque destillatæ,  $\text{℥xiv}$ ; M.

*Simple Method of Measuring the Specific Gravity of Small Quantities of Urine.*—In

the *Boston Medical and Surgical Journal*, Dec. 8, 1870, the following directions for this are given by an anonymous correspondent:—

Add to the quantity of urine to be examined as many equal volumes of water as may be necessary to float the scale of the urinometer. Multiply the excess of the specific gravity of the mixture above 1000 by the whole number of volumes employed, add to it 1000, and the result will be the specific gravity of the urine.

So simple a method as this can hardly fail to have occurred to many persons who have been engaged in examining urine, but I do not happen to have seen it mentioned in any of the books at hand, perhaps for this very reason. On the other hand, I have so often known the important fact of the specific gravity to be left out of a report on a specimen of urine for the want of enough to fill the urinometer, that the simple rule above given may not be without value to some of your readers.

*Statistics of the Medical Profession in the United States.*—Dr. J. M. TONER, of Washington, D. C., has collected (*Boston Med. and Surg. Journ.*, July 6, 1871) the following interesting statistics:—

Whole number of physicians of all classes.	49,798
" regular physicians	39,070
" homœopathic physicians	2,961
" hydropathic physicians	133
" eclectic physicians	2,890
Miscellaneous and unknown	4,774

This gives a ratio of 16.8 physicians to one homœopath in the whole number, and 13.1 regular physicians to one homœopath. Estimating the population of the United States in round numbers at 39,000,000, we have one regular physician to every one thousand of the population. The proportion of homœopathic physicians to the whole population would be about one in every 13,000.

#### FOREIGN INTELLIGENCE.

*Ulcers of the Cervix Uteri.*—M. DESPRES, Surgeon to the Paris Venereal Hospital for Women, in a recent work, states: "The diseases of women have often proved a rich mine to certain authors,

and the extensive practice derived from their writings has mostly been founded on the use of some new agent, hence the many remedies which have been proposed. On the other hand, we find unbiased men giving an account in their works of the therapeutical means which have been extolled, registering failures and occasional success. I am anxious to state my belief that the latter depends mostly on coincidences, and that the cures might have been obtained by other means. It should be remembered that most specialists in the diseases of women use but one mode of cure; such as the red-hot iron, lunar caustic, and more or less concentrated solutions of the latter; all, however, curing ulcers of the cervix in about the same lapse of time." M. Després ignores all internal remedies, and relies on topical applications. He considers, however, that complete continence, cleanliness, an occasional cauterization by any agent, are very efficacious, especially when patients are treated early, and subjected to constant control. The author adds that he has found the *plug* very useful, and gives the following description of it: Take a small piece of coarse gauze, in which a pledget of cotton-wool is placed after it has been filled with about 15 grains of powdered alum. Fold the gauze over the wool, and tie the ends of the former with a thread five or six inches long, which is allowed to hang out of the vagina to facilitate the removal of the plug. The latter should remain twenty-four hours.—*Lancet*, June 10, 1871.

*The Treatment of Itch in Children.*—Upon the suggestion of Froeblich, A. Monti instituted (*Centralblatt f. d. Med. Wiss.*, April, 1871) some experiments upon the action of copaiba-balsam on the itch of children. He in the first place verified the fact that the freshly-captured itch-insect dies in from two to three hours when placed in copaiba-balsam. The balsam produces on the skin an active redness and burning, which disappear after half an hour, and with them also the troublesome itching. After three or four innunctions, spread over one or two days, the efflorescence of the skin grows pale.

No disturbance of the digestion nor of the urinary organs was noticed in any of the cases. The duration of the treatment varies between two and twelve days. The scabies nodosa, without eczema, is the most readily healed—the balsam has no influence upon eczema or upon pustules. The balsam of copaiba is cheaper than that of Peru, is to be preferred on account of its more agreeable odour, and does not stain the linen.

Monti experimented with carbolic acid, employed either in solution (one to two drachms to one pound of water) or in the form of salve,  $\mathfrak{zj}$  to  $\mathfrak{ziv}$  unguent. simpl. After a preliminary washing, the carbolic acid is vigorously rubbed into the diseased parts of the skin. In scabies pustularis, poultices are used instead of the initiatory washing or baths. The redness and burning of the skin caused by the carbolic acid soon disappear. Any eczema present is speedily cured. The duration of the treatment is very short; as a rule, six to nine innunctions, in the space of two to four days, suffice; if eczema is present the treatment is somewhat protracted. This method is much to be recommended for children.—*New York Med. Journ.*, July, 1871.

*Chloral in Phthisis.*—The *Gaz. Farm. Ital.* advocates the addition of chloral hydrate to cod-liver oil; it renders it much less nauseous, and prevents the night-sweats of the phthisical patient, induces sleep, and creates appetite. It is prepared as follows: Ten gr. pure chloral hydrate crystals with 190 gr. cod-liver oil, digested in a sand-bath with gentle heat. Dose, six tablespoonfuls daily.—*Med. Times and Gaz.*, June 24, 1871.

*Liniment for Fissure of the Anus.*—M. VAN HOLSBECK states that he has succeeded in curing anal fissures with the following application, which had resisted the division of the sphincter. Dissolve one part of tannic acid in 16 parts of glycerine.

A tent wet with this preparation, is to be introduced into the rectum night and morning. The bowels are to be kept open.—*Revue de Thérapeutique*, April 1, 1871.

*Plugging the Nostrils as a Precautionary Measure.*—M. VERNEUIL, in a paper published in the *Bulletin Général de Thérapeutique* for May 80, recommends plugging of the posterior nares as a precautionary measure in all cases of operation on the face where there is danger of the passage of blood into the pharynx. Besides preventing this as long as the soft palate is uninjured, the plugging also, M. Verneuil says, enables chloroform to be given during the whole operation. It ought to be done before the induction of anæsthesia is commenced.—*Brit. Med. Journ.*, July 8, 1871.

*Local Anæsthesia.*—Dr. SPSSA states, in the *Bulletin*, that he has succeeded in preventing pain, during the slitting of a fistulous tract, by injecting a solution of morphia into the tract before the use of the knife. The same author had occasion to touch the vulvar vegetations of a girl with butter of antimony; the pain was very acute, but disappeared on the part being brushed over with a solution of morphia. A boy of fifteen, suffering from hip-joint disease, required an issue over and behind the great trochanter. An injection of morphia was first made over the region, and Vienna paste applied, which latter remained about eight minutes. The paste did not give any pain. Dr. Spessa states that he would be glad to hear that a fair trial has been given to this mode of using morphia.—*Lancet*, June 10, 1871.

*Cast of the Urinary Bladder.*—In the number of the *Medical News* for July, 1871 (page 108), is reported a case of this which occurred in the practice of Dr. Wardell. In the *British Medical Journal*, June 24, 1871 (page 668), Dr. Wardell has collected the notes of several other cases, and Dr. J. J. Phillips (page 662) refers to five cases and records a hitherto unpublished one which came under his own notice.

Mr. Spencer Wells has presented to the Museum of the College of Surgeons two specimens of this, which he describes as follows (*British Medical Journal*, July 1, 1871):—

In one of my specimens, the uterus and bladder are seen, as well as the detached coat of the bladder, covered with a gritty deposit of urates and phosphates. The walls of the bladder are thick and contracted, the muscular fibres being distinctly visible. The detached mass which was lying loose in the bladder I described at the time as "degenerate epithelium holding together saline deposit. On boiling a piece of it in twenty parts of water to one part of acetic acid, much of the saline matter is dissolved, and some of the tissue becomes clear, looking like smooth muscular tissue which has begun to degenerate by the deposit of fatty or albuminous particles in its substance." (*Obstetrical Transactions*, vol. iii. p. 354.)

The patient was twenty-two years of age. After a natural labour with her first child, the bladder was not emptied for sixty-two hours. Five pints of turbid bloody urine were then drawn off. Cystitis followed, incontinence of urine, and a train of distressing cerebral symptoms, ending in death two months after delivery.

The second specimen I exhibited at the Obstetrical Society on the evening of the day when it was voided by the patient, six weeks after a severe instrumental labour. The report may be seen in the third volume of the *Obstetrical Transactions*; and in the fourth volume there is an elaborate report on the specimen by Dr. Harley.

From the time of her labour the patient suffered from severe cystitis with nephritis. Three weeks after labour, the urine contained albumen, blood-corpuscles, pus-cells, chylous matter, and renal tube-casts. The urine, when quite fresh, was loaded with carbonate of ammonia. A hard swelling had been felt through the anterior wall of the vagina; and on the day before the specimen was expelled through the urethra, Mr. Marshall, the surgeon in attendance, had observed shreds of sloughy membrane protruding through the urethra. After it came away, the health of the patient rapidly improved. I have lost sight of her; but Dr. Harley saw her in good health between two and three years after the illness.

My second specimen differs from the first in being a more complete exfoliation of the bladder. It is a bag of animal membrane—involuntary muscular fibres interlacing over its outer surface—the interior being a smooth mucous surface, covered with crystalline phosphates and urates.

*The Value of Extract of Meat.*—Liebig's extract of meat has now been long enough before the world to enable most men to form their own opinions as to its specific value as an article of food and as an article of medicine. Nevertheless, it may not be amiss on our part to point out what has been ascertained as to its worth, and to indicate as exactly as possible the uses to which it ought to be put.

Meat as an article of diet owes its value partly to the mineral substances it contains, partly to the organic compounds, albuminoid and oleaginous. The mineral substances probably undergo little change in the human body, and with the oleaginous we do not now concern ourselves, but the albuminoid, having been ingested, are in the stomach reduced to a uniform substance, termed albuminose or peptone, by means of the acid and pepsine of the gastric secretion. All albuminoid bodies are so reduced—albumen, fibrin, etc.—and this new substance has the special property of diffusibility, a property altogether wanting in albumen itself. But straightway the process of degradation commences, and a multitude of new compounds—kreatin, kreatinin, leucin, tyrosin, etc.—are formed, but the force evolved in the change is the force manifested by the body—in other words, life implies these changes and the ultimate conversion of albumen into urea.

Let us now apply these physiological facts to the study of meat extract, and we shall find something worthy of our attention. Let it be noted, then, that over and above the juice of meat there is some available material in its substance, for this is soluble in the stomach.

In the extract, substances which exist only in very small quantities in normal meat are increased a hundred-fold, whilst the really important and nutritious sub-

stances are actually diminished. Animals have no constructive power; that resides in vegetables. Albumen having ceased to be albumen and become kreatin, can never be again converted into albumen in the animal economy; it can only proceed on its retrograde course to end as urea. This being so, it is evident that the nutritive value of meat extract, in respect of its albuminoid constituents, must be but small.

Some time ago, Kimmerich, in an article in *Pflüger's Archiv*, astonished, and we might say frightened, the world by announcing that Liebig's extract was actually poisonous. He has, however—so to speak—reconsidered his opinion, and, in a recent article in the *Deutsches Klinik* has been at pains to point out the actual value of this substance. First, then, it causes a sensation of warmth in the stomach; it strengthens the heart's action and the circulation generally—in short, it acts as a stimulant rather than an article of food. In its action it is allied to tea and coffee rather than to the meat whence it is derived. Those familiar with meat extract know that it consists in considerable part of salts, such as are actual constituents of the animal frame, and in this respect, wherever these salts are deficient, as in rickets, the use of meat extract may be supposed to be beneficial. So, also, in cases of sickness will the solution of extract properly flavored prove of value as a stimulant, in the same way that a glass of wine will enable a man immediately after he has taken it to do what he was incapable of doing before. But however useful in debility, it is now a well-recognized fact that wine is not food, and so with meat extract. We have already pointed out what we considered to be the proper place of extract of meat as an ordinary article of diet—viz., to give taste and relish to a mass of nutritive but insipid material; we now seek to enforce the same view as to its medicinal application. Patients will swallow large quantities of this extract, thinking they are imbibing nutriment proportional to the quantity of meat employed in manufacturing the extract. A patient may be swallowing several ounces of extract daily



and yet be actually starving; he may feel better for it, but his strength will not return, except he can swallow something else as well. It is needless to point out the importance of this fact to practical men. It carries its own application with it. No patient should be allowed to pass through an illness with this alone as nutriment, except it be subsidized by the addition of other more nutritive material. A bone added to it and boiled in it for a time is a great improvement; thickened with corn flour (not starch alone), it is most valuable; by itself, it is not to be trusted. If these facts be borne in mind, we shall have done good service in again directing attention to Liebig's extract of meat.—*Med. Times and Gas.*, June 23, 1871.

*A Leech in the Pharynx.*—M. TROLARD says, in *L'Algerie Médicale*, No. 29, 1870, that a lady rather hastily drank a glass of unfiltered water, and the next day felt some tickling towards the larynx. Having examined the pitcher whence the water had been obtained, she found seven small leeches. Nausea and spitting of blood continued, and much pain was felt about the pharynx. With the laryngoscope M. Trolard saw a leech curled up in the groove which, on the right side, runs along the larynx. The leech was seized with appropriate forceps, and removed with some difficulty, as it clung tenaciously to the part.—*Lancet*, Feb. 4, 1871.

*Death from Chloroform.*—Another death from chloroform occurred at the Great Northern Hospital, London, on May 31st. The patient was a boy aged eight, who had been under treatment for some months for a severe burn, occupying the dorsal and lumbar regions, with protracted stage of ulceration, for the cure of which skin-grafting had been several times attempted. The pain caused by dressing the wound was so great that it was thought expedient to administer chloroform on the occasion on which the fatal occurrence took place. The chloroform, which was given while the patient lay on his abdomen, had been discontinued for several minutes, when it was observed that

breathing had ceased. Every means was adopted to resuscitate life, but without avail.—*Brit. Med. Journal*, June 10, 1871.

*Damage sustained by the Medical Institutions and Members of the Profession in Paris.*—During the late dreadful scenes in Paris, the medical men in passing to and fro to the various ambulances, were constantly exposed to the most imminent risks. The danger, indeed, was not confined to the outside, as balls and shells often penetrated to the interior of the hospitals, as well as of the houses. Several have, however, been severe sufferers in their property, their houses or apartments having been burnt, together with their libraries, manuscripts, and various objects whose loss is irreparable. Among the sufferers are, MM. Dechambre, editor of the *Gazette Hebdomadaire*, Laboulbène, Genouville, Martineau, Audouin, Paris, and Lacroix. Others, by their courage, presence of mind, and energy, succeeded in saving their own and neighbors' houses from the flames when menaced by incendiaries. Thus, M. Linas saved the one he inhabited in the Place de la Madeleine, by establishing an ambulance in the courtyard, and receiving the federal wounded. In the Rue de l'Université, M. Léon Lefort, revolver in hand, stemmed the advance of the incendiaries, and compelled them to retreat. Several of our confrères were among the most active in directing the extinction of fires already commenced. M. Amédée Latour, the well-known editor of the *Union Médicale*, has been placed in a deplorable position, having been closely shut up in his own country house at Chatillon, unable to leave it under peril of his life, and constantly exposed to the fire of the neighboring forts and batteries.

The Sorbonne and the Ecole de Médecine are entirely uninjured; and of all the great libraries of Paris, that of the Louvre is the only one that has suffered. This, however, which contained 100,000 volumes, many of them of great value and rarity, is utterly destroyed. The Mazarin library, which was at one time stated to have been burned, has been preserved intact. A magnificent edifice forming an

annexe to the Hotel de Ville, and employed in the administration of the Assistance Publique, has been entirely destroyed. None of the hospitals have suffered otherwise than by reason of their propinquity to the various scenes of combat; but the Lariboisière, St. Louis, Necker, and Pitié have sustained much damage in this way. The Hôtel-Dieu may be said to have had a narrow escape, for it was mainly due to the exertions of M. Hanot and other internes, made at the risk of their lives, that the attempts at burning the adjoining Notre Dame were defeated. At the Luxembourg Palace, again, the ambulance was the means of saving it from destruction. The agents of the Commune insisted that the ambulance should be evacuated, in order that the petroleum which they had brought might be ignited. M. Danet, who, with M. Brochin and other medical men, was in charge, sought by every means to obtain delays, telling the incendiaries that their own wounded would unavoidably fall victims. They succeeded in staving off the danger, which grew every moment more imminent, until, at last, the marines of the Versailles force arriving, the rebels retreated. The palace suffered to some extent from the explosion of a powder dépôt, which took place soon after; and one of its *façades* has been terribly mutilated by shell and ball. The apartments of M. Lucien Boyer, containing valuable furniture, were demolished by shells.

In the *Gazette Hebdomadaire* for June 2, M. Linas gives a very graphic account of the terrible scenes which passed around his house in the Place Madeleine during the dreadful days and nights of May 22, 23, 24, 25, and 26.—*Med. Times and Gaz.*, June 17, 1871.

*Mortality of Paris during the Siege.*—The following statement of the mortality of Paris from the 18th Sept. 1870, to the 28d Feb. 1871, compared with the mortality during the same period in the preceding year, furnishes some idea of the sufferings undergone by the Parisians during the nine weeks of siege and four weeks of armistice.

Deaths during the former period, 64,154.

Deaths during the corresponding period of the previous year, 24,978.—*Revue de Thérapeutique*, April 1, 1871.

*Smallpox in London.*—The number of deaths in London, from smallpox, for the weeks ending June 8, 10, 17, and 24, was respectively as follows: 229, 245, 240, and 232.

*Dr. Frerichs.*—It is stated in the *British Medical Journal*, July 8, 1871, that the order of the Iron Crown, of the second class has been conferred on Dr. Frerichs, of Berlin, whose classical work on the liver has made his name well and favorably known.

*Mr. Paget at St. Bartholomew's.*—On July 4th, the Prince of Wales, in his official capacity as president, paid a visit to St. Bartholomew's Hospital, accompanied by the Princess of Wales, the Princess Louise, and the Marquis of Lorne. The occasion was to present to Mr. Paget an illuminated copy of the resolution in which the General Court of Governors expressed their sincere regret at his resignation of his office as senior surgeon to the hospital. The Prince, in handing the resolution to Mr. Paget, expressed, in cordial language, his own concurrence with its terms; and Mr. Paget returned thanks with that happy blending of dignity and modesty which is so peculiarly his distinguishing characteristic.

Mr. Paget has long since earned the undying gratitude of the poor; and we trust that he will long continue to earn the "gratitude with recompense" of the rich.—*Lancet*, July 8, 1871.

*St. Thomas's Hospital, London.*—The magnificent structure erected on the Thomas Embankment for the accommodation of this venerable institution, was formally opened on the 21st of June, by Her Majesty the Queen. The staff includes Drs. Peacock, Bristowe, Clapton, Murchison, and Barnes; Messrs. Le Gros Clark, Simon, Sydney Jones, Croft, and Liebreich; Drs. Stone, Ord, John Harley, Payne, and Gervis; Messrs. MacCormac, Wagstaff, F. Mason, and H. Arnott.

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